ARIZONA STATE BOARD OF HEALTH State File No... BUREAU OF VITAL STATISTICS Registered No..... 1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH number give its NAME instead of street and number) Township 4 occurred in a hospital or institution If child is not yet named, make supplemental report, as directed pag 2. Full name o 4. Twin, triplet, or other..... lay, year) If plural births mate ?.L Full term. 5, Number, in order of birth .. PERMANENT must be made for 18. Full maiden 9. Full name name 19. Residence (usual place of arode)
(If nonresident, give place and State) (If nonresident, give place and State INK-THIS IS A PARATE RETURN E of birth stated. 22. Birthplace (city or place) (State or country) 13. Birthplace (city or place) 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc...... (State or country) 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc......... 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc...... OCCUP. 25. Date (month and year) last engaged in this work | 26. Total time (years) 18. Date (month and year) last engaged in this work 17. Total time (years) PLAINLY During Jabor 28. If stillborn, { months or weeks than CERTIFICATE OF ATTENDING WRITE I hereby certify that I attended the birth of this child, who When there was no attending physician or midwife, then the father, householder, etc., should make this return. Given name added from a supplemental report. (Date of) Registrar.

RECORD